

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: AI ARCH <i>Tamake Corporation (Ai Arch)</i>	CHAPTER 100.1
Address: 1329 Ala Aolani Street, Honolulu, Hawaii 96819	Inspection Date: December 10, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	
	<p><u>FINDINGS</u> Resident #1 – The “Pureed – honey thick liquids” diet order needs clarification from Physician or APRN to include the <u>type</u> of diet. This order only indicates texture.</p> <p>Please send copy of clarified order when you submit your POC.</p>	<p>See Attach on the Back → corrected</p>	<p>12/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	
	<p><u>FINDINGS</u> Resident #1 – The "Pureed – honey thick liquids" diet order needs clarification from Physician or APRN to include the <u>type</u> of diet. This order only indicates texture.</p>	<p>In the future I would use my checklist that include steps to follow when MD Appointment including Double checking Before Leaving the Appointment</p>	<p>12/11/2019</p> <p>10:58:20 AM '19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> SCG#3 & #4 - No evidence of RN CM delegation for oral/topical medications.</p> <p>Please send copy of proof of RN Delegation training when submitting your POC.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	
		<p>→ see Attach on the Back</p> <p>corrected</p>	<p>2/11/19</p> <p>19 DEC 20 01</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	
	<p><u>FINDINGS</u></p> <p>SCG#3 & #4 - No evidence of RN CM delegation for oral/topical medications.</p>	<p>In the future, I will include on my quarterly checklist my case manager (and) delegation & care plan to Review - corrected</p>	<p>12/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	
	<p>FINDINGS Resident #1 - Nursing Care plan, last reviewed 12/6/19:</p> <ul style="list-style-type: none"> Plan for High Blood Pressure (under Plan of Care #4) indicates: "Call RN Care Manager to report if SBP <100 or >160, if DBP is <50 or >100. Desired outcome #1: On a daily basis, patient's SBP will be <160 but >100, DBP <10 but >50, and patient's pulse <100 but >60". No record of daily pulse available for review. On page 2, under Activity indicates: "Reposition in bed every 2-4 hours for comfort", however, Resident Activity Record indicated turning being done at 9am and 6pm. 	<p>12/11/20 Plan of Correction corrected → see Attach</p> <p>12/11/20 Reposition in 2-4 Hour for Comfort Attach</p>	<p>12/11/20</p> <p>12/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (a) The primary care giver shall provide daily personal care and specialized care to an expanded ARCH resident as indicated in the care plan. The care plan shall be developed as stipulated in section 11-100.1-2 and updated as changes occur in the expanded ARCH resident's care needs and required services or interventions.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	
	<p><u>FINDINGS</u></p> <p>Resident #1 - Nursing Care plan, last reviewed 12/6/19:</p> <ul style="list-style-type: none"> Plan for High Blood Pressure (under Plan of Care #4) indicates: "Call RN Care Manager to report if SBP <100 or >160, if DBP is <50 or >100. Desired outcome #1: On a daily basis, patient's SBP will be <160 but >100, DBP <10 but >50, and patient's pulse <100 but >60". No record of daily pulse available for review. On page 2, under Activity indicates: "Reposition in bed every 2-4 hours for comfort", however, Resident Activity Record indicated turning being done at 9am and 6pm. 	<p>I have added this item to my Annual clearances checklist for staff clearances. I will refer to my checklist quarterly.</p>	<p>12/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 - Nursing Care plan, last reviewed 12/6/19: Plan for "At Risk of Nutritional Deficit" (under Plan of Care #1): indicates "Provide patient with diet ordered by MD as follows: Regular diet, pureed texture, honey ticked liquids", however, plan for "Constipation" (under Plan of Care #2): indicates "Provide patient with high fiber diet (consisting of fruits, vegetables, and grains) daily".</p> <p>Please clarify diet instructions with RN Care Manager and update Care Plan as needed.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>care plan clarify with my case manager see Attach →</p>	<p>12/11/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p>FINDINGS Resident #1 - Nursing Care plan, last reviewed 12/6/19: Plan for "At Risk of Nutritional Deficit" (under Plan of Care #1): indicates "Provide patient with diet ordered by MD as follows: Regular diet, pureed texture, honey ticked liquids", however, plan for "Constipation" (under Plan of Care #2): indicates "Provide patient with high fiber diet (consisting of fruits, vegetables, and grains) daily".</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, me and my substitute caregiver will double check our patients care plan on a monthly basis. And clarify our case manager asap PRN</p>	<p>12/16/20</p>

Licensee's/Administrator's Signature: Josephine Harris

Print Name: Josephine Harris

Date: 12/10/2019

STANDARD

STANDARD

19 DEC 20 10:02